STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155207	A. BUILDING 01 B. WING	11/09/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
NEW HAVEN CARE & REHABILITATION CENTER	1201 DALY DR NEW HAVEN, IN 46774

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K0000	A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a). Survey Date: 11/09/12 Facility Number: 000114 Provider Number: 155207 AIM Number: 100266640 Surveyor: Joe L. Brown, Jr., Life Safety Code Specialist At this Life Safety Code survey, New Haven Care & Rehabilitation Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2. This one story facility was determined to be of Type V (000) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors and areas open to the corridors	K0000	This plan of correction is prepared and executed because it is required by the provisions of the state and federal law and not because New Haven Care and Rehabilitation agrees with the allegations and citations listed on pages 1 through 13 of this statement of deficiencies. New Haven Care and Rehabilitation maintains that the alleged deficiencies do not jeopardize the health and safety of the residents, nor are they of such character so as to constitute substandard quality of care or limit our capability to render adequate care. Please accept this plan of correction as our credible allegation of compliance.New Haven Care and Rehabilitation is also requesting Desk Review, Paper Compliance for the alleged deficiencies from our recent annual Life Safety survey.K-0062 SS=E & K-0066 SS=DNovember 26, 2012Dennis Austill Life Safety SupervisorDivision of Long Term Care2 North Meredian StreetIndianapolis, IN 46204Request for Desk Review of the following Deficiencies listed on our recent 2567 following annual Life Safety survey.Dear Dennis: Thank you for taking the time to review the recently submitted 2567, from New Haven Care and Rehabilitation Center, New Haven, Indiana. I am requesting desk review	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	with hard wired smoke detectors in the resident rooms. The facility has a capacity of 110 and had a census of 97 at the time of this survey. The facility was found in compliance with state law in regard to sprinkler coverage and smoke detector coverage. All areas where the residents have customary access were sprinklered. All areas providing facility services were sprinklered, except a wood maintenance shed 20 feet from the facility which housed the generator. Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/15/12. The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:		compliance as I feel that the citations were isolated events, with corrections immediately taken to correct those deficiencies. I do not believe that any residents' were harmed by the deficiencies, validating my request for a desk review.Staff was in serviced, and re-educated related to proper disposal of smoking materials by the Maintenance Director and DNS 11/26/12. The facility takes pride in the fact that we represented very well during the survey process, and continue to be compliant in all other areas.An auditing control system was put into place for review of the deficiencies listed in the 2567 to identify areas potentially at risk for these types of findings. I am pleased to announce that we have maintained an excellent record in all areas and provide the highest quality of care. This is evidenced by our yearly reviews, with very low percentage of complaints related to our facility over the last few years. I would greatly appreciate your consideration into our request for desk review of this 2567. Page #1 of 2567 faxed to ISDH on 11/26/12. Respectfully Submitted: David Holbrook HFAAdministratorNew Haven Care and Rehabilitation	

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K0062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 Based on observation and interview, the facility failed to replace 1 of 3 sprinklers in the nurses' station which were corroded and loaded with accumulations of material. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice had the potential to affect 34 residents in the 200 hall where the nurse's station is located	K0062	Please see the attached plan of correction for the Life Safety Survey conducted at New Haven Care and Rehabilitation Center on 11/09/2012. New Haven Care and Rehab would respectfully request paper compliance on this plan of correction. These interventions were put into place immediately following the investigation.. Implementations will be presented in the December, 2012 QA meeting and continue as an ongoing agenda item. K 0062 SS=E **1. How will the facility identify other residents having the potential to be affected by the same deficient practice? a. Resident's residing at the facility have the potential to be affected by the alleged deficient practice if the sprinkler head did not work properly, which was not the case. 2. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.b. No resident's were affected by the corrosion identified on the sprinkler head at the nurses station. This area is not utilized**	11/29/2012

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	in the event of an emergency. Findings include: Based on observation on 11/09/12 with the Administrator during the tour from 9:19 a.m. to 11:58 a.m., one of the three sprinkler heads directly above the nurses' station had green corrosion around the frame of the sprinkler head, black accumulation of material around the deflector plate, and spider webs around the thermal linkage. The Administrator acknowledged there was green corrosion around the frame of the sprinkler head, black accumulation of material around the deflector plate, and spider webs around the thermal linkage of the sprinkler head above the nurses' station.		**by resident's at anytime and resident's are not affected by this alleged deficient practice.The Maintenance Director immediately corrected the deficiency by cleaning the corrosive material from the sprinkler head, which was minimal. He also replaced two escutcheons.**3. What Measures will be put into place or what systemic changes you will make to assure the deficient practice does not recur? c. Maintenance Director will place on TELS monitoring system, which schedules preventative maintenance, and notifies the Maintenance director and Administrator when preventative maintenance is due. **4. How will the facility monitor its corrective actions to ensure the deficient practice will not recur? d. An Audit will be conducted monthly by the maintenance director** to insure that all sprinkler heads are clear of corrosion and/ or accumulation of materials on the sprinkler heads.Contractor, J.O. Moury completes quarterly assessments as well of the sprinkler sytem and heads for potential concerns which are addressed immediately by the maintenance director.	

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	3.1-19(b)			

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K0066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 Based on observations and interview, the facility failed to ensure cigarette butts were deposited into a noncombustible container which was provided for 1 of 1 areas where smoking was permitted. This deficient practice had the potential to affect any staff utilizing the designated employee smoking area adjacent to the resident dining area exit during a fire emergency. Findings include: Based on observation on 11/09/12 with	K0066	**K-0066 SS=D1. How will the facility identify other residents having the potential to be affected by the same deficient practice? Resident's residing in the facility were not affected by the practice.2. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?No Residents or employees were found to be affected by the alleged deficient practice.3. What Measures will be put into place**	11/29/2012

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	the Administrator during the tour from 9:19 a.m. to 11:58 a.m., the smoking area is eleven feet away from the facility and adjacent to a nonsprinklered shed constructed of wood which was twenty feet from the building, had twenty five cigarette butts scattered about the staff bench seat area and throughout the grass area. Based on interview on 11/09/12 concurrent with the observations, the Administrator acknowledged the facility's employees disposed of cigarette butts on the ground and throughout the grass area instead of using the approved long neck vessel which was provided. 3.1-19(b)		**or what systemic changes you will make to assure the deficient practice does not recur? The center staff who smoke at the center were re-educated to ensure that cigarette butts are placed in a noncombustible container by the Maintenance Director and DNS 11/26/12/ The Administrator/or designee will complete an audit 3x/week for 4 weeks, then 2x/wk for 4 weeks, then weekly for 4 weeks, and then monthly for 3 months.4. How will the facility monitor its corrective actions to ensure the deficient practice will not recur? The Administrator/or designee will complete an audit 3x/week for 4 weeks, then 2x/wk for 4 weeks, then weekly for 4 weeks, and then monthly for 3 months. These audits will be reviewed at the next monthly Performance Improvement Committee meeting for any further recommendations and will be ongoing as needed afterward.**	